

**DECLARATION (37 C.F.R. § 1.63)
FOR UTILITY OR DESIGN
PATENT APPLICATION USING
APPLICATION DATA SHEET
(37 C.F.R. § 1.76) AND
POWER OF ATTORNEY**

Attorney Docket No.	COCH-0148-US1
First Inventor Name	Koen van Den Heuvel
<i>Complete If Known</i>	
Serial Number	10/537,027
Filing Date	May 31, 2005
Examiner	To be assigned
Art Unit	To be assigned
<input type="checkbox"/> Declaration submitted with initial filing <input checked="" type="checkbox"/> Declaration submitted after initial filing with surcharge <small>37 C.F.R. § 1.16(e)</small>	

As the below named inventor(s), I declare that my citizenship is stated below to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

CLINICAL ASSISTANT FOR HEARING IMPLANT CARE

the specification of which (check one):

- is attached hereto; or
 was filed on May 31, 2005, as U.S. Application Serial No. or International Application (PCT) No. 10/537,027, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

POWER OF ATTORNEY: I hereby appoint as my/our attorneys all the practitioners associated with Customer Number: **22506** with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office. Please send all correspondence to the address associated with Customer Number: 22506; and direct all telephone calls to: Ajay Jagtiani, 703-591-2664.

The undersigned hereby authorizes Jagtiani + Guttag (Customer No.: 22506) to accept and exclusively follow instructions from Cochlear Limited as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between Jagtiani + Guttag and the undersigned. In the event of a change in the persons from whom instructions may be taken, Jagtiani + Guttag will be so notified in writing by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00		FULL NAME OF INVENTOR(S)		
		Sole or First Inventor: <u>Koen van Den Heuvel</u>	Citizen of: <u>Belgium</u>	
		Signature: <u>Van Den Heuvel</u>	Date <u>BER</u>	<u>26/7/05</u>
2-00		Joint Inventor, if any: <u>Jan Janssen</u>	Citizen of: <u>Belgium</u>	
		Signature: <u>Janssen</u>	Date <u>BER</u>	
3-00		Joint Inventor, if any: <u>Jochen Nicolai</u>	Citizen of: <u>Germany</u>	
		Signature: <u>Nicolai</u>	Date <u>BER</u>	
4-00		Joint Inventor, if any: <u>Geert Smits</u>	Citizen of: <u>Belgium</u>	
		Signature: <u>Smits</u>	Date <u>BER</u>	
<input type="checkbox"/> Additional inventors are being named on _____ additional page(s) attached hereto.				

**DECLARATION (37 C.F.R. § 1.63)
FOR UTILITY OR DESIGN
PATENT APPLICATION USING
APPLICATION DATA SHEET
(37 C.F.R. § 1.76) AND
POWER OF ATTORNEY**

Attorney Docket No.	COCH-0148-US1
First Inventor Name	Koen van Den Heuvel
Complete if Known	
Serial Number	10/537,027
Filing Date	May 31, 2005
Examiner	To be assigned
Art Unit	To be assigned
<input type="checkbox"/> Declaration submitted with initial filing <input checked="" type="checkbox"/> Declaration submitted after initial filing with surcharge 37 C.F.R. § 1.16(e)	

As the below named inventor(s), I declare that my citizenship is stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

CLINICAL ASSISTANT FOR HEARING IMPLANT CARE

the specification of which (check one):

- is attached hereto; or
 was filed on May 31, 2005 as U.S. Application Serial No. or International Application (PCT) No. 10/537,027, and was amended on _____ (if applicable).

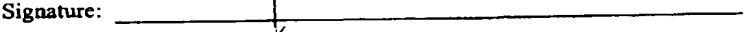
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

POWER OF ATTORNEY: I hereby appoint as my/our attorneys all the practitioners associated with Customer Number: **22506** with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office. Please send all correspondence to the address associated with Customer Number: 22506; and direct all telephone calls to: Ajay Jagtiani, 703-591-2664.

The undersigned hereby authorizes Jagtiani + Guttag (Customer No.: 22506) to accept and exclusively follow instructions from Cochlear Limited as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between Jagtiani + Guttag and the undersigned. In the event of a change in the persons from whom instructions may be taken, Jagtiani + Guttag will be so notified in writing by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR(S)	
Sole or First Inventor: <u>Koen van Den Heuvel</u>	Citizen of: <u>Belgium</u>
Signature: 	Date: _____
Joint Inventor, if any: <u>Jan Janssen</u>	Citizen of: <u>Belgium</u>
Signature: 	Date: <u>27/7/05</u>
Joint Inventor, if any: <u>Jochen Nicolai</u>	Citizen of: <u>Germany</u>
Signature: 	Date: _____
Joint Inventor, if any: <u>Geert Smits</u>	Citizen of: <u>Belgium</u>
Signature: 	Date: _____
<input type="checkbox"/> Additional inventors are being named on additional pages(s) attached hereto.	

**DECLARATION (37 C.F.R. § 1.63)
FOR UTILITY OR DESIGN
PATENT APPLICATION USING
APPLICATION DATA SHEET
(37 C.F.R. § 1.76) AND
POWER OF ATTORNEY**

Attorney Docket No.	COCH-D148-US1
First Inventor Name	Koen van Den Heuvel
Complete if Known	
Serial Number	10/537,027
Filing Date	May 31, 2005
Examiner	To be assigned
Art Unit	To be assigned
<input type="checkbox"/> Declaration submitted with initial filing	
<input checked="" type="checkbox"/> Declaration submitted after initial filing with surcharge 37 C.F.R. § 1.18(e)	

As the below named inventor(s), I declare that my citizenship is stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

CLINICAL ASSISTANT FOR HEARING IMPLANT CARE

the specification of which (check one):

- is attached hereto; or
 was filed on May 31, 2005, as U.S. Application Serial No. or International Application (PCT) No. 10/537,027, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

POWER OF ATTORNEY: I hereby appoint as my/our attorneys all the practitioners associated with Customer Number: 22506 with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office. Please send all correspondence to the address associated with Customer Number: 22506; and direct all telephone calls to: Ajay Jagtiani, 703-591-2664.

The undersigned hereby authorizes Jagtiani + Guttag (Customer No.: 22506) to accept and exclusively follow instructions from Cochlear Limited as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between Jagtiani + Guttag and the undersigned. In the event of a change in the persons from whom instructions may be taken, Jagtiani + Guttag will be so notified in writing by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR(S)	
Sole or First Inventor: <u>Koen van Den Heuvel</u>	Citizen of: <u>Belgium</u>
Signature: _____	Date _____
Joint Inventor, if any: <u>Jan Janssen</u>	Citizen of: <u>Belgium</u>
Signature: _____	Date _____
Joint Inventor, if any: <u>Jochen Nicolai</u>	Citizen of: <u>Germany</u>
Signature: <u>Jochen Nicolai</u>	Date <u>26.07.05</u>
Joint Inventor, if any: <u>Geert Smits</u>	Citizen of: <u>Belgium</u>
Signature: _____	Date _____
<input type="checkbox"/> Additional inventors are being named on additional page(s) attached hereto.	

**DECLARATION (37 C.F.R. § 1.63)
FOR UTILITY OR DESIGN
PATENT APPLICATION USING
APPLICATION DATA SHEET
(37 C.F.R. § 1.76) AND
POWER OF ATTORNEY**

Attorney Docket No.	COCH-0148-US1
First Inventor Name	Koen van Den Heuvel
Complete If Known	
Serial Number	10/537,027
Filing Date	May 31, 2005
Examiner	To be assigned
Art Unit	To be assigned
<input type="checkbox"/> Declaration submitted with initial filing <input checked="" type="checkbox"/> Declaration submitted after initial filing with surcharge 37 C.F.R. § 1.16(e)	

As the below named inventor(s), I declare that my citizenship is stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

CLINICAL ASSISTANT FOR HEARING IMPLANT CARE

the specification of which (check one):

- is attached hereto; or
 was filed on May 31, 2005, as U.S. Application Serial No. or International Application (PCT) No. 10/537,027, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

POWER OF ATTORNEY: I hereby appoint as my/our attorneys all the practitioners associated with Customer Number: 22506 with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office. Please send all correspondence to the address associated with Customer Number: 22506; and direct all telephone calls to: Ajay Jagtiani, 703-591-2664.

The undersigned hereby authorizes Jagtiani + Guttag (Customer No.: 22506) to accept and exclusively follow instructions from Cochlear Limited as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between Jagtiani + Guttag and the undersigned. In the event of a change in the persons from whom instructions may be taken, Jagtiani + Guttag will be so notified in writing by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR(S)	
Sole or First Inventor: <u>Koen van Den Heuvel</u>	Citizen of: <u>Belgium</u>
Signature: _____	Date _____
Joint Inventor, if any: <u>Jan Janssen</u>	Citizen of: <u>Belgium</u>
Signature: _____	Date _____
Joint Inventor, if any: <u>Jochen Nicolai</u>	Citizen of: <u>Germany</u>
Signature: _____	Date _____
Joint Inventor, if any: <u>Geert Smits</u>	Citizen of: <u>Belgium</u>
Signature: <u>Geert Smits</u>	Date <u>18 AUG 2005</u>
<input type="checkbox"/> Additional inventors are being named on _____ additional page(s) attached hereto.	